National Heart, Lung, and Blood Institute
Workforce Plans: FY 2002-2003

1. What skills are currently vital to the accomplishment of the agency's goals and objectives?

The objective of the NHLBI workforce plan is to ensure continued effective operation of the research programs of the Institute. Clinical research typically entails a greater level of staff involvement and oversight than basic research so staffing plans for managing expanding research portfolios with a large proportion of clinical research must allow for more rapid growth than plans for managing expanding research portfolios with a more basic research emphasis. As one of the more clinically oriented components of the NIH, the NHLBI has had to incorporate that reality into its workforce plan. Considerable emphasis is being placed on retaining existing staff while continuing to recruit new staff with relevant clinical expertise. The NHLBI is also aware of the increasing demands for oversight and accountability of clinical research in general, and such cutting edge clinical research as gene therapy protocols in particular, and has allowed for those responsibilities in determining the numbers of staff required to manage the Institute's clinical research program.

Because of the greater need for collaboration and multidisciplinary approaches in conducting current basic science investigations, the Institute also recognizes that it will have to play an increasingly active role in managing its basic research programs. To do this effectively, the Institute will have to retain its existing scientific staff while recruiting additional skilled scientific staff. It is especially critical that new staff are hired who are capable of managing research programs addressing such critical and promising areas as genomics, proteomics, bioinformatics, structural biology, and tissue engineering.

Finally, one of the major legislative mandates to the NHLBI is to ensure that the full benefits of the research it supports are translated into practice by health care professionals and the American public. Since at least 1972, when it launched the National High Blood Pressure Education Program (NHBPEP), the NHLBI has demonstrated its responsiveness to that mandate and in so doing has been a leader at the NIH in the development and implementation of effective national efforts for public and professional education. The Institute currently supports five national education programs, namely, the NHBPEP, the National Cholesterol Education Program, the National Asthma Education and Prevention Program, the National Heart Attack Alert Program, and the National Obesity Education Initiative. Each of the programs requires a substantial commitment of NHLBI staff with communication and health education expertise. They work closely with the scientific staff of the Institute and the relevant scientific communities to ensure that the information produced and distributed by the programs is based upon and reflects the latest scientific information. Additional communication and health education staff resources will be needed by the Institute to develop and implement the Institute's new education program on heart disease in women. As the public and the health care community increasingly look to the internet for expertise related to disease prevention and treatment, the Institute will also need to make a substantial commitment of new staff resources who will be capable of preparing materials for clear and effective presentation on the world wide web.

2. What changes are expected in the work of the agency (e.g., due to changes in mission/goals, technology, new/terminated programs or functions, and shifts to contracting out)? How will this affect the agency's human resources? What skills will no longer be required, and what new skills will the agency need in the next five years.

For a number of years now, the NHLBI like many of the other NIH components has had to attempt to manage a steadily increasing number of research grants and contracts with no growth in staff. Nonetheless, due largely to effective deployment and use of new information systems and personal computers, grant and contract management specialists and health scientist administrators have generally been able to award and administer larger numbers of grants and contracts with the aid of fewer support staff. As a result, support staff vacancies, when they occurred were in many cases used to hire professional staff. We have now reached the point, however, where many of the potential efficiencies associated with increased reliance upon computerized systems have been fully realized, so

that the rapid budget increases associated with the NIH budget doubling effort that began in FY 1999 and the attendant rapid increases in the numbers of grant and contract awards can no longer be accommodated by shifting staff resources. Additional grant and contract management staff are needed just to make sure that the legal formalities of grant and contract award processes are fully complied with. To achieve the optimal benefit from expanded budgets, growth is needed in both solicited and solicited research awards. Additional scientific staff, i.e., health scientist administrators, are needed not just to maintain the appropriate level of scientific oversight for awarded grants and contracts but also to work with the scientific community to hold targeted workshops and other conferences to identify the highest priority research needs and scientific opportunities and then to develop requests for applications and requests for proposals to address them.

3. What recruitment, training, and retention strategies are being implemented to help ensure that the agency has, and will continue to have, a high-quality, diverse workforce?

In regards recruitment and retention strategies, NHLBI makes effective use of expanded pay and award authorities in order to attract and retain a highly qualified and diverse workforce. As a science-based organization, NHLBI values education and training and therefore invests appropriately in the professional development of its staff.

4. How is the agency addressing expected skill imbalances due to attrition, including retirements over the next five years?

The Institute's senior administrative staff – including financial and human resource management, and management and program analysis – is deeply involved in the planning, negotiation, and management of the basic and critical changes in the Institute's structure. For example, NHLBI supports a Physicians Research Fellowship Training Program with a purpose of providing research training opportunities for young physicians who will become clinical researchers and teachers of the future. In addition, NHLBI has a strong, active Biomedical Research Training Program for Underrepresented Minorities (BRTPUM) which is intended to train undergraduate and graduate students, who are under represented in the biomedical and research fields, based on national statistics. Last, NHLBI also support a new Administrative Intern Program which seeks to develop eventual replacements for the senior staff who have a broad understanding of the entire infrastructure needed to support complex, biomedical research.

5. What challenges impede the agency's ability to recruit and retain a high-quality, diverse workforce?

The current job market for scientists and clinicians is extremely tight and higher starting salaries with stock option incentives often make it difficult to attract the brightest and retain the most qualified. However, the international reputation of NIH's strong basic research and clinical programs help offset the typically lower salaries we can currently offer.

6. Where has the agency successfully delegated authority or restructured to reduce the number of layers that a programmatic actions passes through before it reaches an authoritative decision point (e.g., procuring new computers, allocating operating budgets, completely satisfying a customer's complaint, processing a benefits claim, and clearing controlled correspondence)? Where can the agency improve its processes to reduce the number of layers that a programmatic action passes through before it reaches an authoritative decision point? Please provide at least two examples of each.

Our ability to attract and retain a highly workforce – and thus to avoid the cost and disruption of recruiting and training new staff – is significantly enhanced by a number of new employee benefit and compensation programs that make the NIH an attractive place to work. For example, recruitment and retention bonuses and loan repayment programs help attract and retain top people when regular Government salary benefits are not competitive. This authority has been delegated to the Institute Director and Personnel Officer, which has led to more effective, streamlined use of these tools. Also, the NHLBI has over the past few years implemented more family-friendly polices so employees can

balance work and home life. For example, for the right kinds of jobs, NHLBI has developed a telecommuting program and has delegated the authority to approve such workplace arrangements to Division Directors. Our initial evaluation demonstrates that telecommuting actually increases employee output. NHLBI offers flexible work schedules and expanded leave options that help employees stay in the work force through family crises, where before they would often have to choose between the job and a sick child. Last, NHLBI supports the NIH's Family Life Center which helps employees resolve issues at home that interfere with their productive work on-the-job.

NHLBI is currently evaluating all its delegations of authority to determine if additional redelgations are warranted.

7. What barriers (statutory, administrative, physical, or cultural) has the agency identified to achieving workforce restructuring?

There has been a reluctance in the past by supervisors to fully utilize the performance management system. NHLBI human resource professionals are educating supervisors and managers about the operation and flexibility of the performance management system with the goal of making them more willing to take the time and effort to deal with unproductive, under-productive, and inflexible employees. Such employees are a drain on the entire organization; if they are made to improve, or are eventually removed and replaced, the output of the whole group will increase, with no increase in overall staff.

NHLBI Hiring Plans for FYs 2002/2003

	FY 2002	FY 2003	Total
INTRAMURAL			
Senior Investigators [1]	0	7	7
Investigators [1]	9	9	18
Other MD/PhDs, in FTE positions	5	6	11
Other MD/PhDs in non-FTE positions (IRTA, VF)	18	19	37
Other lab/clinical staff => GS-13	2	2	4
Other lab/clinical staff =< GS-12	22	22	44
Admin/support staff => GS-13	1	1	2
Admin/support staff =< GS-12	5	5	10
Infrastructure support => GS-13	0	0	0
Infrastructure support =< GS-12 [2]	0	0	0
Summer and other temps not listed above (include summer IRTAs)	80	80	160
TOTAL INTRAMURAL	142	151	293
EXTRAMURAL			
HSAs/SRAs and other senior level science administrators => GS-13	18	19	37
Other science administration positions =< GS-12	11	12	23
Grants Management and R&D Contract Staff => GS-13 [3]	5	5	10
Grants Management and R&D Contract Staff =< GS-12 [3]	5	5	10
Administrative and support staff => GS-13	2	2	4
Administrative and support staff =< GS-12	4	4	8
Infrastructure support => GS-13	0	0	0
Infrastructure support =< GS-12 [2]	0	0	0
Summer and other temps not listed above	10	10	20
TOTAL EXTRAMURAL	55	57	112
IC TOTAL	197	208	405

[1] Using OIR professional designations

[2] Include all wage grade positions related to infrastructure in this group

[3] Includes 1101, 1102, 301 and 303 series where individual is engaged in these activities on a full-time basis.